06010

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac R.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY X 29
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 440 Park Ave
STREET ADDRESS (If rural, give location) New York City

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARGARET WATTS BISLAND
4. DATE OF DEATH (Month) (Day) (Year): June 18 or 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 24, 1870
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Houma La
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas S. Bisland
14. MOTHER'S MAIDEN NAME: Margaret Brownson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Sarah Bisland Oaks.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

975X Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Suicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jumped from Old Bay Line Dist. of Co. Liner

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pot River (CITY OR TOWN) Chas. Co. (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. J. Edelen (Degree or title) M.D. ADDRESS: La Plata Md DATE SIGNED: 6-21-53

23. BURIAL, CREMATION OR MOVAL (Specify): Cremation
DATE THEREOF: 6-22-53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county): Suitland (State) Md

DATE REC'D BY LOCAL REG.: 6-21-53
REGISTRAR'S SIGNATURE: M. L. Monroe
24. FUNERAL DIRECTOR: Hunt + Ryan ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AU

RECEIVED
JUN 23 1953
BUREAU V. S

Items 18&22 Film G157 8-28-53 ams

06011

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Apley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington Va
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) Spencer (Last) Byers.
4. DATE OF DEATH (Month) June (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 8, 1932
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Vacuum Cleaner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bruce L Byers
14. MOTHER'S MAIDEN NAME Rosa Handley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-42-5742
17. INFORMANT AND ADDRESS Rosalee Sanborn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

979X Immediate cause (a) Suicide - unknown method

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rending

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Redelen MD (Degree or title) ADDRESS La Plata Md DATE SIGNED 6-8-53

23. SPECIAL CREMATION (MOVAL (Specify)) Removal
DATE THEREOF 6/9/53
NAME OF CEMETERY OR CREMATORY Alexander Va
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 6-9-53
REGISTRAR'S SIGNATURE M. E. Moore
24. FUNERAL DIRECTOR Hunt & Ryan Waddy ADDRESS

6/10/53 J. Julia H. Pacey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06012

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 38 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWPORT
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISE (Last) CAMPBELL

4. DATE OF DEATH: (Month) JUNE (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: NEGRO-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOVEMBER 25, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH HERBERT

14. MOTHER'S MAIDEN NAME: MARY HERBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: BARTHOLOMEW CAMPBELL NEWPORT, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) ACUTE CORONARY THROMBOSIS	20 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) GENERALIZED ARTERIO-SCLEROSIS	5 YEARS
DUE TO	(c) CORONARY SCLEROSIS	2 YEARS.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MAY 11, 1953, to JUNE 19, 1953, that I last saw the deceased alive on JUNE 19, 1953, and that death occurred at 10.45 A.m., from the causes and on the date stated above.

SIGNATURE John N. Griffin (DEGREE OR TITLE) M.D. ADDRESS HUGHESVILLE, MD. DATE SIGNED JUNE 19, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6-22-53 — NAME OF CEMETERY OR CREMATORY ST Marys — LOCATION (City, town, or county) (State) Newport Md

DATE REC'D BY LOCAL REG. 6/21/53 — REGISTRAR'S SIGNATURE Julia H. Penny

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md

VS. A15 8-51

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06013

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Clements

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: April 1868

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles E Neale

14. MOTHER'S MAIDEN NAME: Mary A Weil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: James E. Rochi Silver Springs Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.3

Immediate cause (a) Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Found dead in bed. Had died in sleep

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE C. J. Adelen (Degree or title) M.D. ADDRESS LaPlata Md DATE SIGNED 6-9-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF June 11, 53 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) Issue (State) Md

DATE REC'D BY LOCAL REG. 6/9-53 / 6/10/53 — REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR James T. Ryon — ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 12 1953
BUREAU V. S.

06014

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) VIRGINIA (Last) COOKSEY

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Aug. 21, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George E. Albrittain

14. MOTHER'S MAIDEN NAME: Mallie Saldesmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Madeline Sanders, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular Accident	Immediate
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	10 yr.
DUE TO		
	(c) Arteriosclerosis	10 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1953, to 6/19, 1953, that I last saw the deceased alive on 6/12, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE Richard Daly (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md. DATE SIGNED 6/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/21/53

NAME OF CEMETERY OR CREMATORY Mt. Rest

LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 6/21/53

REGISTRAR'S SIGNATURE Julia A. Posey

24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6581

CERTIFICATE OF DEATH

Reg. Dist. No. 1[illegible]

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (None) (Last) King

4. DATE OF DEATH: (Month) (Day) (Year) 6-14-53 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-10-91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spartenburg S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fate King

14. MOTHER'S MAIDEN NAME: Caroline Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 53-0116630

17. INFORMANT & ADDRESS: Brother Arther King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 434.2

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senility — Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Patient dropped dead while talking to a friend

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended~~ examined the deceased from 9-30 PM 19 6-14-53 19....., that I ~~last saw the~~ deceased Died live on 6-30-53 19....., and that death occurred at 8-30 Pm m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Indian Head Md. DATE SIGNED 6-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 6/18/53 NAME OF CEMETERY OR CREMATORY Metropolitan Cemetery LOCATION (City, town, or county) Pomonkey Chas. (State) Md.

DATE REC'D BY LOCAL REG. 6-18-53 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Penny & Clafer — Mason Springs, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

RECEIVED
JUL 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18: 6015

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Faulkner Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Cha S.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Faulkner Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Middleton.

4. DATE OF DEATH: (Month) June. (Day) I. (Year) 19 53

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Married

8. DATE OF BIRTH: April. 6th. 1870.

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No: No.

17. INFORMANT & ADDRESS: Paul Middleton. Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443 x
(a) DUE TO: Cong. Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c) Hypertension ?

Interval Between Onset And Death: 5-10-53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10-, 1953, to 6-1, 1953, that I last saw the deceased alive on 6-1 1953, and that death occurred at ... from the causes and on the date stated above.

SIGNATURE (Degree or title): C. J. Fidelin M.D.
ADDRESS: Littleton Md
DATE SIGNED: 6-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 4, 1953
NAME OF CEMETERY OR CREMATORY: St. Ignatious
LOCATION (City, town, or county) (State): Belalton Md

DATE REC'D BY LOCAL REGISTRAR: 6/4/53
REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Huntt Funeral Home
ADDRESS: Waldorf Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0016

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) B. (Last) Osborn
4. DATE OF DEATH: (Month) (Day) (Year) June 24, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Oct. 27, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Bassford Langley
14. MOTHER'S MAIDEN NAME: Jessie Eastbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Emily A. Osborn, Tompkinsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 200.0

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Lympho-sarcoma - Retrocular cell	6 mos.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to June 24, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 1:00 A.M. m., from the causes and on the date stated above.

SIGNATURE S. Woodly (DEGREE OR TITLE) MD ADDRESS La Plata Md. DATE SIGNED 24 June 53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/26/53
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington, DC.
DATE REC'D BY LOCAL REG. 6/24/53
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 26 19
BUREAU

6017

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY: Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville
LENGTH OF STAY (in this place): 1 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Enfield No Carolina COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Orien (Middle) (Last) Pittman
4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 7-9-02
9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): No CAROLINA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 244-16-7461
17. INFORMANT AND ADDRESS: Lonnie Cougar Enfield No Carol

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 6-7-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): C. Jedelen M.D. ADDRESS: La Plata Md DATE SIGNED: 6-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/11/53
NAME OF CEMETERY OR CREMATORY: Enfield Cem N C
LOCATION (City, town, or county): Enfield (State): N C

DATE REC'D BY LOCAL REG.: 6-7-53 6-9-53
REGISTRAR'S SIGNATURE: M. L. Monroe Julia H. Tasey
24. FUNERAL DIRECTOR: Houtt + Ryon, ADDRESS: Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
JUN 11 1953

06018

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pomfret
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Pearle (Middle) Grace (Last) Poole

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Aug 7 1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) East New York.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Louis L Glover
14. MOTHER'S MAIDEN NAME Adilade Le Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 095-07-0825
17. INFORMANT AND ADDRESS Waldon F Poole Pomfret Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

170 X Immediate cause (a) Cancer of Breast 1952

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 6-21-53

REMOVAL OF DEATH (Civ) Burial
DATE THEREOF 6-27-53
NAME OF CEMETERY OR CREMATORY GLENFORD
LOCATION (City, town, or county) (State) North Scituate R.I.

DATE REC'D BY LOCAL REG 6-30-53
REGISTRAR'S SIGNATURE M. E. Morris
24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16019

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 2½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Milton (Last) Robinson

4. DATE OF DEATH: (Month) (Day) (Year) June 4, 1953 19

5. SEX: M.

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 4, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5½ Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rock Point, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Hamilton Robinson

14. MOTHER'S MAIDEN NAME: Blanche Clarice Smothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Blanche C. Robinson, Rock Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 773.5

Immediate cause (a) Premature birth at 20 weeks.
DUE TO — Respiratory failure.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1953, to 6/4, 1953, that I last saw the deceased alive on 6/4, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Richard Daly (DEGREE OR TITLE) M. D. ADDRESS La Plata, Md. DATE SIGNED 6/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/6/53

NAME OF CEMETERY OR CREMATORY Haly Ghost

LOCATION (City, town, or county) (State) Issue, Md

DATE REC'D BY LOCAL REG. 6/6/53

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Wm. H. Robinson, Father ADDRESS

4063267201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 9
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

060201

Reg. Dist. No. 1 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Issue) — MARYLAND — LENGTH OF STAY (In this place) 2 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Marguerite (Middle) Virginia (Last) Swann

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-16-39

9. AGE last birthday: 13 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Philip Swann

14. MOTHER'S MAIDEN NAME: Dora Farrall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: 6-6-53

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River — (CITY OR TOWN) Charleston — (COUNTY) Chas — (STATE) Md

TIME OF INJURY: (Month) 6 (Day) 6 (Year) 53 (Hour) 8 p.m.

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Waded into deep hole while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen — (Degree or title) M.D. — ADDRESS La Plata, Md — DATE SIGNED 6-7-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF June 9 53 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue

DATE REC'D BY LOCAL REGISTRAR: 6-7-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf

RECEIVED
JUN 11 1953
BUREAU V.

6021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Maryland Point (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Maryland Point (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Henry Washington

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Old

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Rachel Washington

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sep 15 1872

8. AGE: Years: 81 Months: Days: If less than one day ... hrs. ... min.

9. Birthplace: Maryland Point, Md. (Town, county, and state)

10. Usual occupation: Fisherman

11. Industry or business

MOTHER FATHER

12. Name: John Washington

13. Birthplace: Chas. Co. Md.

14. Maiden name: Rose Hodson

15. Birthplace: Charles Co. Md.

16. Informant: Alice R. Hancock

Address: Maryland Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Grayton Md.

18. Funeral director: Stanley Penny

Address: Pisgah Md

19. June 4 1953 (Date rec'd by registrar) I V Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1953 at 8:15 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: no physician in attendance

Due to: 4:+.3

Due to: Cardiac (?)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Pl[illegible] the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George C. Bicknell M.D. (M. D. or other)

Address: Marbury Md Date signed June 4 53

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06022

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD — COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Brent (Last) Watts.

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Mar. 29, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 3, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Sherman Watts, Jr.

14. MOTHER'S MAIDEN NAME: Mary Jane Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Sherman Watts, Jr. La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

490X

Immediate cause (a) Asphyxiation. — 12 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pneumonia - bilateral. — 5 days.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to 26 Jun, 1953, that I last saw the deceased alive on 26 Jun, 1953, and that death occurred at 2:37 p.m., from the causes and on the date stated above.

SIGNATURE J. Woodd — (DEGREE OR TITLE) MD — ADDRESS La Plata. Md. — DATE SIGNED 26 Jun 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 27 1953

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) La Plata, Md. (State)

DATE REC'D BY LOCAL REG. 6/27/53

REGISTRAR'S SIGNATURE Julia H. Causey

24. FUNERAL DIRECTOR Hewitt & Ryon, Waldorf, Md. — ADDRESS

4033193406

VS. A15 8-51

RECEIVED
JUN 30 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06023

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Agnes (Last) Willett

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: March 21 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thadius Berry

14. MOTHER'S MAIDEN NAME: Julia Robey.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) –
(If Yes, give war or dates of service) –

16. SOCIAL SECURITY No.: –

17. INFORMANT & ADDRESS: Charles T Willett La Plata Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Myocardial Apoplexy

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardio Vas - Renal Dis
DUE TO (c) Senility

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 50, to 6 19 53, that I last saw the deceased alive on 6 19 53, and that death occurred at 6:20 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Waldorf Md DATE SIGNED 6 20 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-22-53
NAME OF CEMETERY OR CREMATORY St Pauls Priory
LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-22-53
REGISTRAR'S SIGNATURE M. L. Somers

24. FUNERAL DIRECTOR Smith & Ryon ADDRESS Waldorf

RECEIVED
JUN 23 1953
BUREAU V. S.